

Taylor (R. W.)

A CONTRIBUTION

TO THE

STUDY

OF THE

TRANSMISSION OF SYPHILIS,

BY

R. W. TAYLOR, M. D.,

Physician to Charity Hospital: and to the Out-Door Department for Diseases of
the Skin, of Bellevue Hospital.

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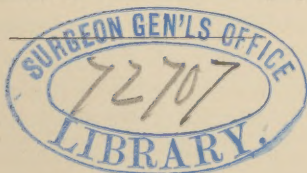
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The questions: whether the inherited syphilis of a child can only be derived from an infected mother? or on the other hand, whether the disease can be transmitted to the child from a syphilitic father without contamination of the mother? have for years troubled the medical mind, and to-day, as in former times, the two schools are arrayed against one another, each claiming the correctness of its own views. There are several important reasons, which I will not fully consider at this time, why opinions so contradictory should be held: the chief one, however, being that the histories of most of the cases illustrating the hereditary transmission of syphilis, have been given in an incomplete manner. As is well known, all observations to be of value in the study of this question, must be full and complete as to the history of the father, the mother, and the child; yet I am sorry to say that the greater number of published cases lack essential details as to one or other of the three individuals concerned.* It is to be

* In a recent paper upholding the Cullerier theory and criticising Kassowitz's

hoped that hereafter all cases will be reported with necessary completeness, as they may better be left unwritten if the full details are not given. The two cases which follow are, I think, of great importance in the study of the question of the hereditary transmission of syphilis, as they go to prove that syphilis of the father may pass to the child, while the mother remains in perfect health, free from syphilis. It was, long ago, my intention to study this question for myself by the most careful and accurate observations possible, of such cases as occurred to me, wholly unbiassed by any theory. In this way I have obtained the history of four series of cases, each including father, mother and child, in all of which the syphilitic father procreated syphilitic children, while the mother remained healthy. In several other instances this fact was fully proved to my mind by cases, but as they were not sufficiently complete in all parts for publication, I threw them out of consideration. In this article I shall report two out of my cases, as they are sufficient to show the extent and accuracy of my observation, and as these two are equally as conclusive proof as a greater number would be. As I have intimated, these cases convinced me that the so-called Cullerier theory, which denies the paternal influence in the transmission of syphilis, was false and founded on

views, though really only dealing with minor points, my friend, Dr. Sturgis, makes the following somewhat remarkable statement: "Let me say this at the outset, that those who accept this paternal transmission theory and seek to prove its truth by cases, enter the race heavily weighted as regards their antagonists; *all these latter have to prove is the good health of the mother and child, while the former have to prove the undoubted existence of syphilis in the father and child; second, the non-existence of the disease in the mother, not only in the present but in the past and future; and thus to explain sundry anomalies and contradictions which the other side are not troubled with.*" (The italics are mine.)

My criticism upon this surprising admission, as I think I may term it, is that if the object of the observer is simply to prove the theory, he is perfectly right in ignoring the father's condition, and in failing to study "sundry anomalies and contradictions," I think I may be bold enough to say that several of the supporters of Cullerier's theory have prosecuted their inquiries in the one-sided and peculiar manner advised here by implication. The truth is, that facts have too often been ignored in this study through the bias for a theory. Whatever side the observer takes, it is my firm conviction, as I assert in the text, that he should have all the facts relating to the three persons. This specious theory is further harmful in a practical way. If, as is claimed, the father's syphilis does not affect the offspring, his condition is ignored, and I have no doubt that many fathers have in consequence been left untreated. Whereas, if the physician feared his morbid influence, he would take measures for its relief. Here is one baneful effect of this theory.

imperfect one-sided observation, and my opinion has recently been confirmed and strengthened by the result of the observations so conscientiously made by Kassowitz, in Vienna,* who reports numerous cases in which father and child were syphilitic and the mother free from syphilis, even in blooming health.

This author studied the question under exceptionally favorable circumstances,† as to number of cases and opportunities for long continued investigation, and his conclusions, I think, will carry conviction to the unprejudiced mind of one who carefully reads his book. It is evident that he entered the study with the sole desire to arrive at truth, and he certainly has produced the only systematic work on this subject, which is of value, and worthy of a permanent place in literature. Certainly he gives good proof of his proposition that the paternal influence is potent in the transmission of syphilis. It is a matter of satisfaction to me that my results, which I have arrived at after years of patient study and observation, are in direct accord with those of this painstaking and conscientious observer.

I may add that I have seen repeated instances of healthy children being born of healthy mothers, whose fathers were, or had been syphilitic. This fact, however, though singular at first, was, by study, rendered clear to my mind, for I found that in such instances, the disease had either been controlled by treatment; had become latent and powerless as to transmission or contagion; or again, had exhausted itself.‡

* Die Vererbung der Syphilis. Vienna, 1876.

† Kassowitz gives the carefully taken statistics of the Vienna Foundling Hospital, of four hundred children with hereditary syphilis. Of these, the mothers of one hundred and sixty-six were found to be free from syphilis; one hundred and twenty-two were syphilitic, and in one hundred and twelve cases the mother's condition was not known. Further than this, he gives his own cases, seventy-six in number: in forty three of which the mothers were healthy; in twenty-three both parents were syphilitic, while in ten, the mother only was syphilitic. Considering the care in observation this evidence is important.

‡ The two cases which Cullerier admits convinced him of the truth of his theory, are really instances in which the syphilis of the father was held in check by mercurial treatment. They are as follows, as reported in the *Memoirs de la Societe de Chirurgie, Paris, 1854, De l'heredite de la Syphilis*: He treated a gentleman, having well-marked secondary syphilis, with the proto-iodide of mercury, and in fifteen days he was salivated, causing a suspension of treatment. (As the author uses the word suspension, I judge that the mercurial was resumed.) Shortly after, against advice, he married, and immediately his wife became pregnant and bore a healthy child.

In order to study the question understandingly, we must know accurately the somewhat erratic course of syphilis; we must bear in mind that often in its normal course, there are periods when its power of contagion is at a minimum, or even in total abeyance, as shown by clinical facts; we must remember that some of its later lesions are not specific in nature, not indicative of a contagious stage, but merely local tissue degenerations following previous specific processes. As an instance of this point, I may cite certain hyperplasiæ of fibrous tissues, also some instances of the so-called palmar psoriasis, and certain ulcers of the tongue. Then again, we cannot too fully appreciate the great power of mercurial treatment in destroying more or less permanently the power of contagion. It is undoubtedly owing to these causes—chiefly, however, that of the powerful action of mercurial treatment, that we have comparatively so few syphilitic children, in proportion to the large number of infected fathers, and the practical indication for such treatment is strikingly obvious. Knowing this action, and also that in some instances, syphilis rapidly dies out, and again, that it has periods in some cases, in which the power of contagion is not active; we can understandingly apply them to our cases, without any straining of our reason, or mutilation of our facts. Such cases then cease to be obscure and extraordinary, being simply examples of processes capable of demonstration. Here, again, in reporting such cases, we want all the facts as to the age and course of the disease, the extent of treatment, and the full history of all lesions. I am

The second case was that of a syphilitic young man, who was regularly treated with mercury. At the end of six months he married, and very soon his wife became pregnant, bearing a perfectly healthy child. Cullerier attributed the immunity of the children to the influence of the good health of the mother in annihilating the diseased condition derived from the father. This hypothesis is absurd, and wholly at variance with our knowledge. The cases of other advocates of this theory are similar to those of Cullerier. It is unfortunate that their authors did not know the true reasons of the children's immunity, as we then should have been spared much baneful theorizing. I can only express my surprise, that two cases in which syphilitic fathers, properly treated with mercurials, had healthy children, were recently quoted by Sturgis in an article denying the paternal influence in the transmission of syphilis, as evidence against this influence and in favor of a paternal immunity. Such cases are far from uncommon in my experience and in that of others, and they simply go to prove, as I have said, that mercury can annihilate for a greater or less period the power of contagion and of transmission of syphilis. Much can be said on this subject as to the varying action in different subjects. It must be borne in mind that in some persons syphilis rapidly dies out, a fact of which I have several remarkable instances.

convinced that when we study this question, only in the light of cases perfectly reported in all essentials, that the many doubts enshrouding it will vanish. This is my reason for presenting my cases in as perfect a manner as possible, as I can vouch for all the facts presented.

On the twentieth day of September, 1870, a woman brought her infant to my office for treatment. She was very much excited during the consultation and wept frequently, saying that she had had other children afflicted in a similar manner to the present one and that they had died, therefore she feared that she should lose this child also. At this interview I obtained from her, in the main, the following history, though some of the facts were elicited and others confirmed at subsequent times. Her name was Mary F., she was born in Ireland, twenty-five years of age, and had been married in March, 1861, nearly eleven years previous. She was a descendant of a perfectly healthy family, noted for its longevity, and had brothers and sisters and near of kin who were in perfect health. She had never suffered from sickness either during youth or puberty, excepting certain slight ephemeral affections which leave no morbid sequelæ. When married, therefore, she was healthy, robust and strong. Her husband was then known to be a somewhat delicate man, aged twenty-two, but his wife said he was considered to be in average good health. Of his condition, more will be said later.

In February, 1862, one year after marriage, the woman gave birth to a child at full term, which was dead. It presented no perceptible lesions, and it was thought that it had died a few days before birth, but no cause could be assigned for its death. During gestation, the health of the mother was good and she did not observe any skin lesions.

In February, 1863, she gave birth to another child, which lived until its sixth week, and then died of wasting and exhaustion. During its life it was afflicted with condylomata of the anus, roseola, and a papular eruption which also invaded the palms of the hands and the soles of the feet.

In June, 1864, she had another child, a boy, which died when five weeks old, having the same eruptions and general condition of the last one.

In July, 1865, she had a girl, which having broken out with a general eruption similar to that of the others, died of marasmus when four weeks old.

In July, 1866, she gave birth to another girl, seemingly healthy,

who, when a month old, became sick, weakly, and covered with a general eruption. It lived three and a-half months and then died of weakness, (mother's expression.) It is said to have had a senile look.

In 1867, (either in July or August,) she became the mother of still another girl, which was at birth healthy, and has remained in that state without presenting any lesion which would cause a suspicion of her being syphilitic. She was repeatedly seen by me, and my opinion is that she was not syphilitic.

In August, 1870, not having been pregnant since the birth of the last girl in 1867, she was delivered of an apparently healthy girl. Shortly after its birth this child became sick and covered with an eruption. Dismayed at the alarming condition of this child, she brought it to me for treatment. The grief of the woman was certainly piteous, and she strongly expressed her surprise that this child should be sick, seeing that its sister—born three years before—was perfectly healthy.

During a very careful examination, I satisfied myself that the child was the victim of hereditary syphilis. Over the body and extremities was scattered a very copious roseolous syphilide, which in some regions had become of a deeper red or coppery tint. Interspersed among the patches of roseola were numerous typical syphilitic papules of the small flat variety. These lesions were very copious on the hands and feet, with much scaling, resembling somewhat a palmar or plantar psoriasis, but rather more hyperæmic, while a few which were seated around the margin of the anus presented an excoriated oozing surface, and similar lesions in the vulva were surrounded by patches of a deep red. There was an intense ozæna, which rendered the child's breathing much labored and noisy; and from the nostrils, a bloody sanies freely flowed. The face was otherwise studded with erythematous patches. The mouth was comparatively free, except certain minute excoriations on the dorsum of the tongue, near its root. The nutrition of the child was profoundly affected. Under inunction treatment, its health improved, and its body became free from all blemishes.

Such is the history of this child, which presented unmistakably syphilitic lesions. It was finally cured by an appropriate treatment, carefully followed.

I subjected the mother to a most rigid examination, and found upon her no evidence of syphilis, past or present. She had never had any lesion upon the genitals: there was no enlargement whatever of the

external ganglia; she had never had a spot upon her body, nor upon the scalp; she was even free from acne papules. Her hair was abundant and of luxuriant growth. She never had had any ulceration of the mouth, tongue, or pharynx, nor had she at any time suffered from rheumatism. It so happened that my friend, Dr. Weir, had an opportunity of examining this woman, which he did with his usual care and thoroughness, and he pronounced her perfectly free from syphilis, past or present. He fully agreed with me as to the syphilis of the child. In order to render my study certain, I followed this case for over two years, during which time she had facial erysipelas, and, although I repeatedly examined her and interrogated her, I never saw a suspicious symptom, nor elicited a suspicious fact. The child did not have any specific lesions in its mouth, hence, it could not, if such an accident were possible, infect her.* When about six months old, the child had a relapsing syphilide, which was cured by treatment. Two years after the birth of her last syphilitic child, she brought forth another, a boy, who was and has remained perfectly healthy. This is the mother's history. Now it is necessary to give that of the husband. To obtain this I at first had some difficulty, as the man was reticent, and slow to give me his confidence. I gained it however in time and elicited important facts. He was infected with syphilis a year prior to his marriage, was severely afflicted, but under mercurial treatment, of about six weeks duration, all visible manifestations of his disease had disappeared at the date of marriage. Shortly after he suffered severely from nocturnal pains which he regarded as rheumatism. He did not follow treatment regularly after this for some years, but at the onset of periostial pains he often took large doses of the iodide of potassium on the prescription of a comrade. In 1864 he had deep ulcers on the scalp and on the

* I fully appreciate the weight and importance of the fact, long ago spoken of by Colles, that mothers, seemingly healthy, may nurse with immunity syphilitic children, while strange women become infected. I must confess that its tendency is to cast a doubt on the health of the mothers, and give color to the suspicion that they are really syphilitic. This question still needs careful study, and cases illustrating the practical operation, are not, as yet, sufficiently numerous. Powerful as this objection may seem, we have against it the equally forcible fact, that a goodly number of careful men have scrupulously examined many women, and have utterly failed, as I have myself, to find any trace of syphilis. As this aspect of the question is not suggested by my cases, I do not consider it further at this time; it comes in properly in a study of the nature of the syphilitic virus, and its effects on the motherly and fetal organisms.

legs, which left characteristic cicatrices. Shortly before this he had had scaling patches in the palms and on the soles, which disappeared while taking the iodide. He neglected treatment again for more than a year, during which time he suffered from weakness and presented an unusual pallor. In 1866 he sought relief, at a dispensary, and then followed a course of treatment which I, with some difficulty, learned was of the mixed kind,—biniodide of mercury and iodide of potassium for nearly a year; when he became apparently well. During this time his wife brought into the world the child which lived and which never presented any sign of syphilis. He then gave up medicine, and did not take any for some years, when in 1869 and 1870, he began to experience his pains again. During this time he impregnated his wife, and she bore the syphilitic child which she brought to me. Examined by me, I found a man of medium size, of good frame, thin and pale, all of the ganglia of the body were still enlarged, though he was in the ninth year of syphilis. On the skin were a number of cicatrices. Urged by me, he again underwent a mixed treatment for fully eight months, during which time his wife conceived and bore the child which was perfectly healthy, while he himself was restored to health. I was careful that the wife did not take any mercurial. I gave her iron and quinine.

Presented in brief, these facts are as follows: a man with early syphilis, impregnates a healthy woman, she showing no evidence of the disease, brings to the world first a dead child, probably syphilitic, then five undoubtedly syphilitic children. During this period the syphilis of the father is in an evidently active condition. Then under treatment he is seemingly free from his disease, his wife in this time bears a child which is free from syphilis and remains so. His disease being uninfluenced by treatment, it again develops itself, the power of contagion returning, and then the wife becoming pregnant has another intensely syphilitic child. Being again treated, and apparently cured, he again impregnates his wife and she then bears a healthy child, which within a year shows no evidence of syphilis.

The vital point in this case is whether the woman was syphilitic or not. To prove this point, I, unbiassed by any theory and only anxious for the truth, examined her minutely shortly after the child-birth, and again repeatedly many times within three years after that, and never did I find one suspicious symptom, nor could I, under the most rigid and oft-repeated interrogations, elicit a single fact which would lead me to regard her as syphilitic. I am fully aware of the

difficulties presented by many cases, particularly those of women, of the fact that the initial lesion may pass unperceived, also that the early general manifestations may be so mild that they pass unnoticed, or if recognized are attributed to some other cause. Also, I know that after early mild manifestations years may elapse in which nothing is seen or felt until perchance some serious affections may develope. Still I think that in the present state of our knowledge of syphilis, very few such cases would escape recognition if carefully examined and questioned by one skilled in this branch. I have had such cases under observation; indeed, very frequently persons apply to me suspecting that they have had in earlier days syphilis, and I think I usually establish their true state. A disease with such varied manifestations generally leaves some trace or some compromising remembrance, and the syphilis can usually be established by thorough examination by an expert. It may be claimed that, perhaps in later years, this woman, as others have done, might give evidence of syphilis, hence we are not warranted in assuming that she was free from that infection. To this I would reply that there is a bare possibility that she might, but that it would be almost certainly from a later contagion. We find that she brings forth six children who present inherited syphilis in its most active stage; this proves conclusively that the disease results from an active syphilis in either parent, for we must concede that the state or stage of syphilis in the parents has to a certain degree an influence on the intensity of the disease of the child. Therefore I ask the question whether *in the light of our knowledge of hereditary syphilis should we have truth and reason on our side if we admitted that so active a condition of syphilis, as was observed in these children, could arise from a mother in whom no evidences of even the slightest syphilis could be discovered during so many years?* The course of inherited syphilis, when the mother alone is infected, is usually as follows: In the first or second year of syphilis, especially in the first, she brings forth an abortion at an early month, then perhaps a foetus somewhat older, perhaps then a child at term, dead or alive with many general manifestations soon after birth. In a year or so, if she is untreated and her disease is active, she may again have a child, with manifestations nearly, if not wholly, as copious as the last, and from this time, if the disease is mitigated, or if it runs its usual waning course, she brings forth a child with less active state of syphilis, as shown by the comparative sparseness of the eruption and the absence of visceral complication, and from this time children perhaps without blemish. This diminishing intensity of the

disease in the mother and child, will, I think, be found to be the usual rule; it goes to prove my point, which I may almost state as an axiom, that in any case of an hereditary syphilitic child, with an active state of the syphilis, the disease of the mother will be in a condition of activity proportionate to that of the child.* Conceding this fact, the importance of which, I think, fully warrants the extended consideration I have given it. I think that it would be doing violence to our knowledge of the clinical history and pathology of syphilis, to attempt to prove that this child's disease was derived from its mother. On the other hand, the father's history shows that his syphilis ran an inveterate course, as we frequently observe it to do, having several severe exacerbations, which, under treatment, were cured. Then the disease remains latent, until a later period when it again becomes intensified. Certainly the course of the syphilis of the father, accords quite accurately to that observed in the children. I think that it will generally be found that when syphilis is transmitted from the father, there is not, as a rule, such a marked waning in the intensity of the disease of successive infants, as those when it is derived from the mother. This fact is strikingly well shown in this case, and I have observed it in an equal degree in several others. I do not think that the import of this fact has yet been fully appreciated, certainly it is not generally mentioned, if at all. I may here call particular attention to the support given to my words by the testimony of Dr. Weir. This gentleman was careful to examine the mother, and pronounced her healthy. Like myself, he only aimed at eliciting truth, and I think, considering his accomplishments, that his testimony is of great value. I shall not here discuss the intimate nature of this important question, nor enter into a consideration of the various physiological and pathological processes involved in it, as I hope to do that in a thoroughly comprehensive and impartial paper of greater scope, at some future day. To sum up. The value of this case consists in the evidence it offers of the transmission of the disease from father to offspring, and of the absolute immunity of the mother. Also, it shows very clearly, as I have said, the remarkable power of

* This fact was brought prominently before me, while studying the lesions of the bones in hereditary syphilis. In my work on that subject, (*Syphilitic Lesions of the Osseous System in Infants and Young Children*, 1875,) I show in the twenty-second chapter, that the intensity of the mother's disease was proportionate to the extent and severity of the lesions, particularly of the bones of their children. I may refer to the table given in proof of this point.

mercurial treatment in annulling the transmissive power of syphilis. I need scarcely add that the course of the syphilis of the husband was not at all exceptional, considering the fact, that in its early stages, it was not, and it should have been powerfully modified by mercurials, in other words, as we term it, cured. I have no doubt that, had this man been treated for six or eight months continuously, from the date of general manifestations of syphilis, the children would have been free from taint. His case is one of the examples of an organism in which the syphilitic virus is peculiarly active. Let me again call attention to the fact that, prior to the last pregnancy, the husband only was treated with mercurials, as I was careful that the system of the mother should not, in any degree, be affected by anti-syphilitic treatment. This makes the result all the more striking and confirmatory.

The next case I will give rather more briefly, but all the facts were minutely noted by me during a period of seven years, in which the patients were under my observation. A healthy woman was married to a healthy man in 1862; in the three years following she gave birth to three children upon whom she never saw any skin affections, and who, in short, were perfectly healthy. In 1866 she had a boy which soon became sick, puny, and covered with a skin disease. The history of anal condylomata and ozæna was clearly made out.

In the latter part of 1869, she had a girl which soon became sick in the same manner as the boy. When the child was four months old it was brought by its mother to the surgical clinic of Prof. Willard Parker. At this time, it had a squamous coppery eruption around the mouth, and a roseolous and papular eruption on its body and on the soles of the feet. It also presented the typical senile facies. The mother also brought the boy, just mentioned, with her, he having left interstitial keratitis, Hutchinson's teeth, and an umbilical hernia. She desired treatment for the latter affection. The cases were placed under my care, and were treated with mercurials. Dr. Agnew saw the case of the boy at his clinic in May, 1868, and made it the subject of a few remarks. These two children were undoubtedly syphilitic. The history of the elder child was examined into carefully, and the fact of the appearance of secondary manifestations soon after birth was clearly made out. The mother was in blooming health, and the most careful examination failed to reveal any suspicion of being syphilitic. I may here repeat, that from this time for a period of seven years, until 1875, and though repeatedly examined, never could I find any evi-

dence of syphilis. Indeed I am firm in my opinion that she was not syphilitic, nor had she ever been. In the early part of 1869 she had another girl which she brought to me when two months old, covered with roseola, and having mucous patches in its mouth. There were besides two condylomata at the anus. The vulva was eczematous. The child had begun to pine and its skin was thin and dry. The mother was in excellent health, and, as I have said in my general remarks, presented no evidence of syphilis after this child's birth. A few weeks after this consultation, which was in 1869, I saw for the first time the husband, a minor politician. He came to me for treatment for a gummatous infiltration over the left eye brow. His history was as follows: in 1865 he became syphilitic, having a chancre which destroyed a part of the prepuce. This was soon followed by a general eruption on scalp and upon the body. He also had much trouble with his throat. He was treated only during a period of six weeks, when he regarded himself as cured. From that time until my examination he had had slight evidences of his disease, and being a man of irregular and careless habits, he did not apply for treatment. The lesions were scattered papules upon the body, and also upon the elbows and knees. It is probable that he would not have sought my advice but for the unsightly appearance of the eruption on his forehead, and the pain experienced by the pressure of his hat. To be brief, he was kept under treatment by me, having impressed him with the necessity of it, for several months. In 1872 his wife gave birth to a child which I did not see until it was more than four months old. Its mother was absent in a distant town at its birth and remained there some months. She said that she never saw any indications of disease in this infant, and her mother pronounced it one of the healthiest children she had ever seen. I could not find any evidence of syphilis, past or present, and my belief is that it was not syphilitic. The mother was watchful and solicitous about the child, and her experience with three syphilitic children was such that her evidence of the child's perfect health may be received without question. The further history of the woman is, that following cold, six years after the birth of her first syphilitic child, phthisis developed and she died within a year, never having developed any syphilitic lesion.

The facts pertinent to the present issue in this case are very simple and clear. Two parents have three healthy children; then the father became syphilitic, and in the first year of his disease his wife gives birth to a syphilitic child. His disease is moderately severe and not

properly treated, and in three years his wife again bears a tainted child. During this period the wife is perfectly healthy. In 1869 she brought forth another syphilitic child, and with the exception of a slight anæmia did not show any deviation from the normal standard of health ; again, in 1872 she had another healthy child. Let us now look at the father's history. He was healthy until 1865, prior to which his wife had the three healthy children. In that year he became syphilitic and was only indifferently treated. Within a year his wife gave birth to her first syphilitic child. From that time, for several years onward, he had only mild evidences of syphilis for which no treatment was followed. While he was thus in the power of the syphilitic diathesis his wife bore a second infected child in 1866. His being a case in which syphilis took firm root in his organism ; that diathesis still remained active. Thus we find that he shows slight evidences of the power, and his wife again, in 1869, brings to the world an unmistakably syphilitic child. Then his disease having been influenced by treatment, in about two years his wife again bears a child without blemish.

Such are the histories of these two cases, and such are the facts offered by them. I publish these cases as a contribution to the subject which has been rendered by theorists needlessly obscure, hoping that others will also publish their cases observed in a like manner, and followed up as they were, even at the expense of much trouble and time, for a long period. I feel confident that if any observer will study his cases in the manner suggested he will arrive at the positive conclusion that syphilis may pass from father to offspring while the mother escapes infection.

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